

## 2010 Disaster Survey

Following a disaster in Texas, the Governor's Division of Emergency Management (GDEM) coordinates the state's disaster response and recovery efforts. The Texas Department of Insurance (TDI), GDEM, the Institute for Business & Home Safety (a non-profit educational organization sponsored by the property and casualty insurance industry), emergency management organizations, insurance carriers, and trade groups formed the Texas State Disaster Coalition (TSDC) to formalize communication among these groups in the event of a major disaster. The TSDC adopted the Texas State Disaster Coalition Catastrophe Plan. The Plan calls for an annual survey of all carriers doing business in Texas including life, health, title, workers' compensation, and property and casualty.

### Tips for completing the survey:

1. If your company has no policies in force in Texas, please check the box "No" in number 11, complete questions 1 through 10, and submit the form.
2. If your company has policies in force in Texas, please check the box "Yes" in number 11, complete all the survey questions, and submit the form.
3. If your company has CHIP, Medicare Advantage, or Medicare Part D (Prescription Drug Program) policies in force in Texas, please complete the entire survey.
4. If you are submitting one survey for a group of companies, please place a check in the box provided at question 9.
5. If some questions do not apply to your company's line of insurance, for example, life, health, title, or workers' compensation, then leave the question blank.
6. This survey includes questions about two types of plans:
  - o the company's disaster response plan for paying large numbers of claims following a disaster, and
  - o the company's business continuity/disaster recovery plan should its own business operations be interrupted because of a disaster.

Please consult the person at your company who is knowledgeable about each plan regarding the appropriate survey responses. Also please note that the company's disaster plan(s) and testing documentation are subject to review during the TDI examination process.

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### Contact Information

1.) Name of person completing this survey:

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2.) Title:

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3.) Telephone:

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4.) E-mail:

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- 5.) TDI may release my e-mail address in response to a public information request. ☐ AGREE  
☐ DO NOT AGREE

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### Company Information

6.) Company Name:

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7.) NAIC Company #:

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8.) NAIC Group #:

### Disaster Survey Questions

9.) If this survey applies to all companies in the group, please check this box. ☐ Yes

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10.) If this survey applies to only some of the companies in the group, please enter the name of each affected company in the box below and separate the names with a semicolon (;).

11.) This company/group has policies in force in Texas. If No, and you have answered questions 1 through 11, then please submit the form.

☐ YES  
☐ NO

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12.) I certify that the company(ies) named above does(do) have a disaster plan, that is, a plan for responding to increased claims resulting from a disaster.

☐ YES  
☐ NO

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13.) Our disaster response plan addresses the components indicated below (select all that apply):

- ☐ How the company will handle an increase in the number of claims.
- ☐ Whether the company will bring in claim representatives and adjusters from other states, use local adjusters, or a combination of both local and out of state adjusters.
- ☐ Eligibility standards (e.g., past experience or training) for the selection of claims representatives and adjusters brought in from other states.
- ☐ Whether the company has a claims oversight function designed to assure claims representatives and adjusters adhere to the company's claims-processing procedures and comply with applicable policy provisions and regulatory requirements.

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- ☐ How the company will train its staff in emergency procedures and Texas-specific insurance coverages.
  - ☐ How the company will distribute catastrophe claims information, or communicate generally, with its policyholders.
  - ☐ How the claims will be handled.
  - ☐ How the company will handle an increase in the volume of customer service telephone calls.
  - ☐ How the company will provide a local presence in the disaster area.
  - ☐ How the company will proactively send communications to individual policyholders regarding potential or actual disasters.
  - ☐ All of the above.
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14.) If your company plan addresses "how the company will proactively send communications to individual policyholders," please select the media that will be used (select all that apply):

- ☐ Telephone contact, including voice messaging
  - ☐ other - please describe in section #21 Additional Comments
  - ☐ e-mail
  - ☐ social networking (Twitter, Facebook, etc.)
  - ☐ mail
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15.) If your company plan addresses "How the claims will be handled", please select how the claims will be handled (select all that apply):

- ☐ by the local office structure.
  - ☐ The establishment of a catastrophe claims office/center.
  - ☐ by mobile claims operations center.
  - ☐ All of the above
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16.) The components of the disaster plan were tested:

- ☐ within the last 12 months
- ☐ within the last 24 months

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- ☐ more than 24 months ago
  - ☐ never tested
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- 17.) The company has a business continuity plan in place should the company experience significant business interruption, including an interruption in processing electronic transactions such as claims.
- ☐ YES
  - ☐ NO
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- 18.) The following statements describe our business continuity/disaster recovery plan (select all that apply):
- ☐ The plan is current and has been reviewed within the past 12 months.
  - ☐ The plan is based on a business impact analysis.
  - ☐ The plan is tested periodically.
  - ☐ The plan addresses financial functions, telecommunication services, data processing, and network services.
  - ☐ The plan describes senior management roles and responsibilities for declaration of an emergency and implementation of the disaster recovery plan.
  - ☐ The plan identifies the process by which the threat is assessed and who is authorized to declare an emergency.
  - ☐ The plan addresses communication of the disaster event and provides for alternative points of contact to customers, vendors, and state and other regulatory officials.
  - ☐ The plan contains a list of crucial computer application programs, operating systems, and data files.
  - ☐ The plan contains a list of supplies that would be needed in the event of a disaster, with names and telephone numbers of the suppliers.
  - ☐ The plan assigns a restoration priority to all significant business activities.
  - ☐ The plan includes adequate user departments' manual

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processing procedures for use until the electronic data processing function can be restored.

- ☐ Current back-up copies of programs, essential documents, records and files are stored in an off-premises location.
- ☐ The company has a written agreement of contract for use of a specific alternate site and computer hardware to restore data processing operations after a disaster occurs.
- ☐ The plan addresses how the company will perform critical functions (e.g., policyholder service) in the event a pandemic severely impacts the company's or key business partners' workforce.
- ☐ All of the above.

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19.) If this company or company group has a large claims processing facility(ies) located in Texas (employs more than 50 people), please provide the street address, city, ZIP code, and phone number for the location(s). If not, please leave this box blank.

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20.) If this company or company group utilizes independent adjusters that have a large claims processing facility(ies) located in Texas (employs more than 50 people), please provide the street address, city, ZIP code, and phone number for the location(s).

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21.) Additional Comments:

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